MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12352 CERTIFICATE OF DEATH funeral and 2 death hours after death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester by the Pages 1 urs after Maryland Dorchester MARYLAND CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town)
 Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate ilmits, write RURAL end give nearest town) 7 days Hurlock - Rural ,≡ tely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital RFD ND K YES executed\_within completely we carbon NAME OF Middie Last 4. DATE Month Day Year DECEASED remove carl MYRA EMMA ALDRIDGE (Type or print) DEATH September 28 19 67 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Female Negro March 5, 1891 WIDOWED DIVORCED attending physician a ermit. Then please re on, or removal, and in \_= 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Hoursework Home Hurlock, Maryland, RFD USA 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Unknown Annie Garris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, po, or unkown) (If yes give war or dates of service) Unknown Winifred Aldridge, Hurlock, Maryland CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) gave rise to immediate has been as the prior to **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate CERTIFICAT an greve apelic NO T YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) r this certification detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bidg., etc.) DIRECTOR: After tage 3 should be de a.m. While at work Not While retained by t p.m. at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Schlember and that death occurred at. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED be filed MED. STAFF Page 4 may DIRECTOR FUNERAL PHYSICIAN'S tor, be 22d. ADDRESS NAME (Type) ARROS pinous direct BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Oct. 2. 19 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Oct. 2, 1967 Petersburg Cemetery Hurlock REC'D BY RECISTRAR stone 196 ederalsburg, Maryland VR ALS Framptom and Son 20M

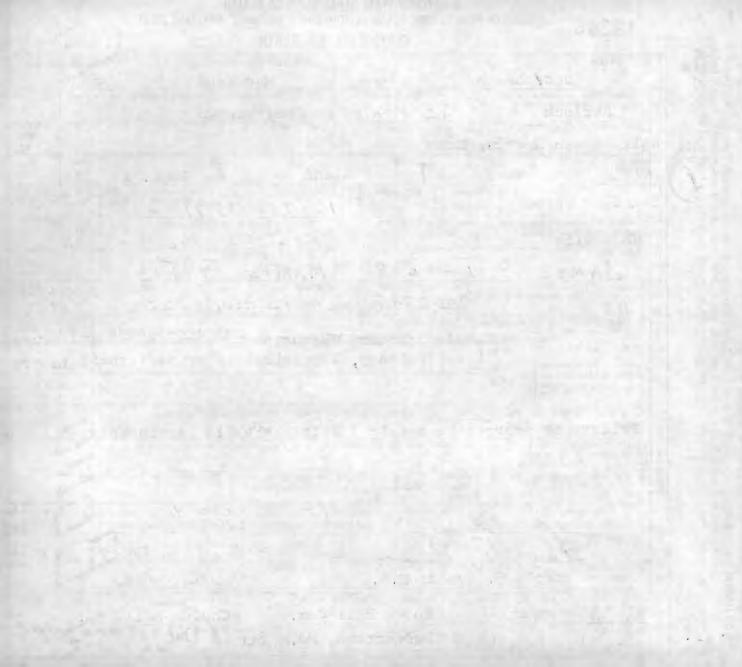
Algo De Tall Deronantet 0.05 Febrer 2 Murice & service Carridge Carriend Cospical. BOOTEGIA AUSTE Sententino. March 1 Moral Tonal Lincol Nortect, nervines, non 3000 Hyornac Look Attento Sarretta Unknown tonifred Aldridge, Muriock, Maryland Dicheria Mellitum 10 Seeus DICHOLIE GON Grows January & LT September LT Sciences 28 67 Coto F Daving CAQUE F. BARROSO HUPLOCK MJ. Junial Dec. 7, 1967 Feb. veburg Coursey Hurlock, Maryland, NEW London J. J. Francisco and Jon. Cederelaburg, Maryland (II)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours 0 Hour's filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS YES NO etely 1 arbon 3. NAME OF DATE Mon th Middle Year DECEASED OF DEATH event, 1967 сошр (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 9. 7. MARRIED remove NEVER MARRIED lest Mrthday) | Months | Days Hours Due any WIDOWED D DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT attending physician rmit. Then please during most of working life, even if retired) INDUSTRY **COUNTRY?** removal, and OUSCHOV , DIH certificate FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? A6. SOCIAL SECURITY NO. | 17. INFORMAN Address transit permit, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) death OC. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). **ORECTOR.** After this certificate has been signed by the 3ge 3 should be detached for use as the burial-transit led with the State Dept. of Health prior to burial, cremal QNSET, AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. date IMMEDIATE CAUSE (a law requires that DUE TO Unteriosderotic heart disease Conditions, if any, which (b) gave rise to immediate DUE TO cause (a). stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?. Senilily YES ND IZ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from dinuch and that death occurred at 1155 M. from the causes and on the date stated above. 19 67 saw the deceased alive on schicinby 22b. DATE SIGNED 22a. SIGNATURE page : ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p S.F. BARROSO NAME (Type) ARLO Hurlack MG LOCATION (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. (City, town or county) / DATE THEREOF EMOVAL (Specify) 9 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

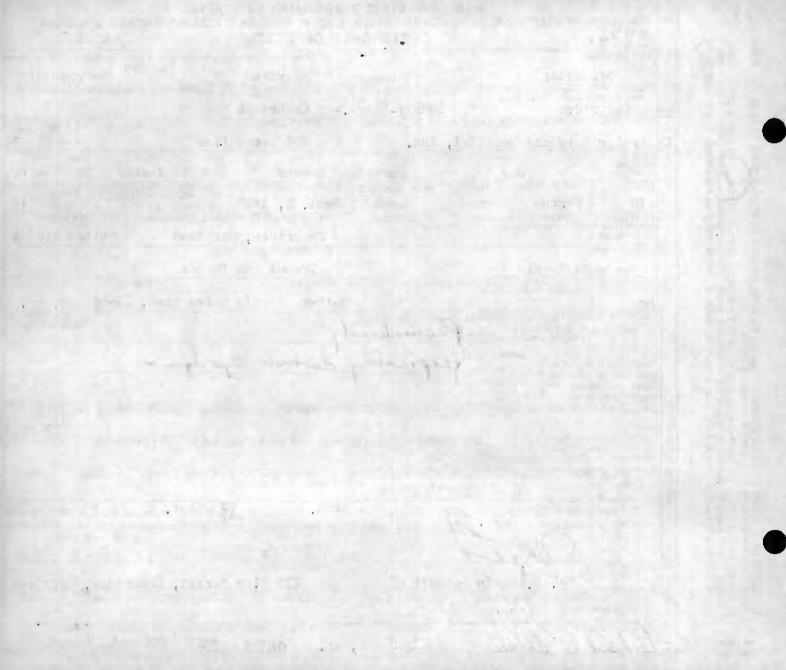
The state of the s Salaring the Helpton house William & Bright William Street Famole Milite & Straffer 83 2 1/25 1/2 Sept Pathonal Massers toward thek Theodornally Harlishalling Estat Portito Kardington & Charlet The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12353 12345 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. the funeral ages I and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) G. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND filled in by the factorial papers. Pages thin 72 hours after Pages b. CITY OR TOWN (If outside carparate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cambridge 9 mths Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD #3, Castle Haven filled Cambridge Maryland Hospital YES X NO NAME OF Middle 4. DATE completely Lost Year DECEASED SALLY WILLEY BELL Sept. 2, 67 19 (Type or print) DEATH IF UNDER 1 YEAR SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED 9. AGE (In years NEVER MARRIED attending physician and camp sermit. Then please remave, White Oct. 27, 1888 last birthday) Manths Dovs Haurs Female and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working the even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT NDUS PY Dorchester Co., Maryland COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Samuel Willey Sarah Ann Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service permit. Mr. E John H. Bell, Cambridge, Maryland unk burial, cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit brorpscular accident IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO arteriosclerosis Conditions, if any, which gove rise ta immediate cause (o), DUE TO stating the underlying cause has been last use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health eumonia NO L certificate ATTENDING PHYSICIAN: To 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, affice blda., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased frame 1961, and that death accurred at PM, fram causes and an the date stated above saw the deceased alive and 22a\_SIGNATURE ATTENDING director, page 3 should be filed v M.D. PHYS PHYSICIAN'S O HOSPITAL NAME (Type) LIVOYAS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) BREMOVAL (Specify) Sept 5 1967 Dorchester Memorial Park Cambridge, Maryland ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) LeCompte Funeral Service, Cambridge, Maryhand DATE SEP 25M 1/67

Consequent of the state of the fine Yellow Barrie THE WELLTHAM Block was SSU its two good aridy aloust All bearing and vertexisted that althought Yellow feeter Working a series of the a select of the Marie of Berteffe Francis Committee Total Total Port of the Santan Contract of th



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12355 CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the Maryland Dorchester Dorchester MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b 20days-23hrs. filled in Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital. Inc. 804 Maces Lane NO A YES executed within NAME OF First Last DATE Month Middle Day Year DECEASED September 23 Howard Bowens 67 Tony (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. Ve 7. MARRIED NEVER MARRIED IX remo Male Negro Sept. 2. 1967 WIDOWED DIVORCED [ 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY nding physician a Then please re removal, and in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be CDUNTRY? None Cambridge, Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brenda Ann Bowens Benjamin Harris 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address as been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) | (If yes pive war or dates of service) Mother 814 Maces Lane, Cambridge, Md. No 18. CAUSE OF DEATH [Enter only one cause per liperfor (a), (b), and (c),] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TD cause (a), stating certificate has I underlying cause last (c) CERTIFICATION WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use YES K MD 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) of MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. After While Not While be retained by OR ATTENDING at work at work Sept. to Sept. 67 that (I) (we) last 23 attended the deceased from. 21. I certify that (I) (this hospital) 19 AM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. Page 4 may 19 FUNERAL ADDRESS PHYSICIAN'S 22d. TO FUNERAL director, p NAME (Type) Edwin Fassett High Street, Cambridge, Maryland BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (Stete) 23a. REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 1967 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12356 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester MARYLAND arvland Talbot b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours Cambridge hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO P Cambridge-Maryland rbon p executed within 3. NAME OF Last DATE Month Middle 4. DECEASED n and comple (Type or print) DEATH event, Slater Sept. 19 Kati oway. .196 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. WIDOWED DIVORCED [ Female Whi te 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) lease and in death certificate be COUNTRY? AME homemaker Talbot County removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Kornauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. DUE TO Cenditions, if any, which (b) been gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept, of Health YES TO NO 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL | 20e, PLACE OF INJURY (Home, farm, I (State) 20d. INJURY OCCURRED 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 19 47 9-26 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from: FUNERAD DIRECTOR saw the deceased alive on. M, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED SIGNATURE STAFF M.D. DIRECTOR ADDRESS PHYSICIAN'S TO FUNERA director NAME (Type) RICHARD BILODEAU DEFICE CAMBRIGE BLDG. should DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Spring 196 Cemetery Easton. Paryland Oct.l Surial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1961 Clark Funeral Home, Easton, VR #15 (4) 20 M 1/65



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o COUNTY	Dorchester		MARYJ	AND	2. USUAL RESIDENCE (* o STATE Maryl	Where deceosed and	ved, if institut b. COUI	ion Residence bi	afare odmission)	
b C TY OR TOW write RURAL	ond give nearest town)		LENGTH OF STAY IN	1b	C CITY OR TOWN (F or Hurlo	ck - Ru		RAL and give nea	и Т ,	
d NAME OF HOS	lock - Rural PITAL OR NSTITUTION (If not i	n hospitol, give	street address)		d STREET ADDRESS				e IS RESIDÊNCE ON A FARM?	
Sper	ncer Jones Lab	or Camp		]	<u> </u>	er Jone			YES 🗶 NO	]
3 NAME OF DECEASED (Type or print)	First RO E	BERT	Middle		VIS	4 DATE OF DEATH		ember 3	Doy Year 26 19 <b>67</b>	_
S SEX Male	6 COLOR OR RACE (	MARRIED	NEVER MARRIED DIVORCED		ept. 26, 19		GE (In years st birthday) yrs	Months Do		
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13 FATHER'S NAM					14 MOTHER'S MAIDEN	NAME				
	e Nelson Davis					ta Roll				
(Yes, no or unknow	EVER IN U.S. ARMED FORCES? m) (If yes give wor or dofes of s	ervice)	one		e N. Davis,	Hurloc	Addr k, Md.			
nse to immed stating the un last.	IMMEDIATE CAUSE (o  DUE TO  Ony, which gove (b), haderlying couse (c)  (c)	)								_
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20c. TIME OF Hour	INJURY Month, Day, Year o.m.	20d INJU While of work	Not While		CE OF INJURY (Home, for ory, street, office bldg., etc		ity or town)	(County	(Stote)	
deoth re	rrify that I took charge sulted from: Natural	couses 🔼,	Accident [ ],		ide, Homicide CHIEF MEDICA M D ASSISTANT ME	e 🔲, Unde	eterm ned n	,	ond in my opin	
EXAMPLER'S NAME (Type) 230 BURIAL CREM	John Mace		D. 23c NAME OF CEME	TERY OR	Address (Stree	et, cty, fown, or	county) Ca	mbride	ge, Md.	-
REMOVALISM BUTI 24. FUNERALATE	al Oct.2,				Cemetery				Maryland ATURE	_
1900	amptom and So	n, Vede	ralsburg,	Ma:	ryland DAOC	T 5 19	67	the welly	Then Later	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12358 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterwead o COUNTY n. STATE b. COUNTY DORCHESTER MARYLAND MARYLAND WORCESTER b. CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN Th c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CAMBRIDGE (RURAL 7 DAYS POCOMOKE CITY d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled EASTERN SHORE STATE HOSPITAL UNIONVILLE ROAD YES NO Z camptetety fi First Middle Last 4. DATE Year DECEASED rent, (Type or print) GRANVILLE JAMES DICKERSON DEATH SEPTEMBER 15 19 67 IF JNDER 1 YEAR AGE 11n years I IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday? Manths Days any WIDOWED DIVORCED MALE 05 - 23 - 80NEGRO and 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g JSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY POCOMOKE CITY MO. HSA 14 MOTHER'S MAIDEN NAME or remayal, CALEB DICKERSON attending prermit. The HARRIET SCHOOLFIELD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 213-14-6394T RECORDS OF THE EASTERN SHORE STATE HOSPITAL crematian, 18. CAUSE OF DEATH (Enter only one cause per ting far)(a) (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p burial, cremati PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave 1 rise to immediate cause (a). DUE TO s certificate has been significate has as the backed far use as the back of Health priar to b stating the underlying cause ar attending 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ICCIDENT WAS JNDERLYNG F 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Part I or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20e PLACE OF INJURY (Hame, form, TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED (City or town) (County) Hour am. factory, street, office bldg., etc.) While at work at work TO FUNERAL DIRECTOR: After 19 21. I certify that (1) (this bospital) attended the deceased fram that (1) (see) last to and that death accurred at and saw the deceased alive on QM, from causes and on the date stated abave 22g SIGNATURE DATE SIGNED MED DIRECTOR ATTENDING STAFF directar, page 22d ADDRESS 22c PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d. LØCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL CREMATION, (State) REMOVAL (Specify) ď. Pocomoke City Burfal \_2Sb REGISTRAR S SIGNATURE. 250, REC'D BY REGISTRAR 24/ FUNERAL DIRECTOR VR A15 (4 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12359 CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE DorchesTeR MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If optyde corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town EASTON CAmbridge 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled a la NAME OF Lost DATE completely DECEASED (Type or print) OF DEATH HosTer DT. 5 19 6 5 SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **IF UNDER 1 YEAR** IF UNDER 24 HRS last birthday) Months attending physician and permit. Then please rem 1Dg USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTRY 13. FATHER'S NAME ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, na, ar unknawn) (If yes give war ar dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO HRTERIO SCLEROSIS ENERALIZED Conditions, if any, which gave rise to immediate cause (a). DUE TO far use as the I stoting the underlying couse be retained by the haspital ar attending this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER; SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF AN IN PART 16-1 NO 20o ACCIDENT WAS UNDERLYING FT 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e, PLACE OF INJURY (Home, form, (State) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) Hour a m. factory, street, affice bldg. etc.) Not While of work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 19.65, 10. 1965, and that death accurred at 700 A M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED director, page 3 DIRECTOR M.D 22d ADDRESS 22c. PHYSICIAN'S 23g. BURIAL CREMATION BATE THEREOF 23d LOCATION FUNERAL DIRECTOR VR A15 (4) 25M 1/67

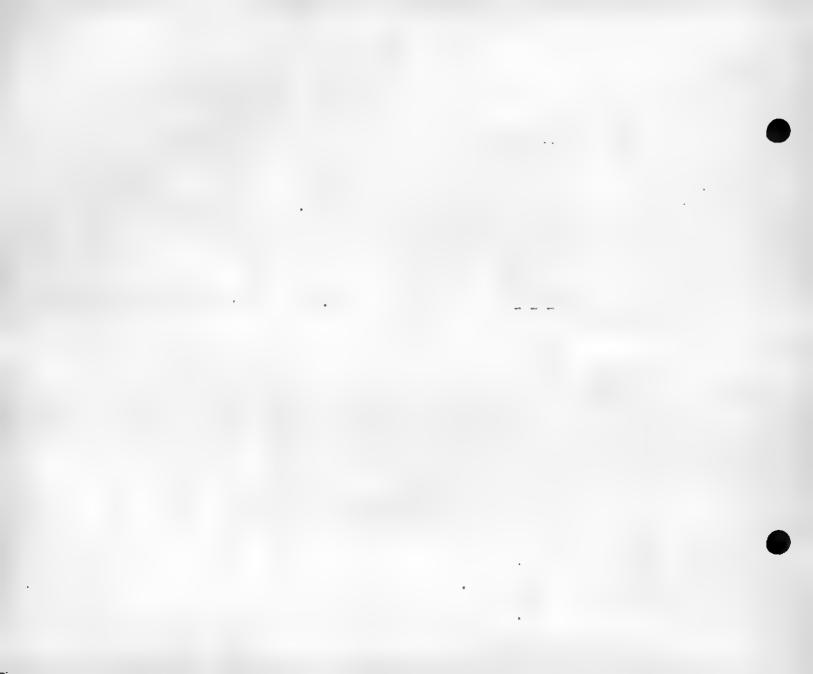


is have in	ı	r	Division of SI	TATISTI			YLAND STATE D AND RECORDS, 3					IORE, MARY	LAND 212	201		
	12352					CERTIFICATE OF DEATH						12360				
within 24 haurs after death.  If filled in by the funeral sand papers. Pages 1 and 2 within 72 haurs after death.		LACE OF DEATH	HESTER				MARYLAND		a. STATE	DENCE (When		d lived, if institu b. COL			admission)	
by the far pages naurs after		CAMBR 10	give nearest tav	te limits, vn)			ENGTH OF STAY IN 16	H			corporate	SFIELD			town)	
4 has		NAME OF HOSPITA	IL GR INSTITUTIO		in haspital, g	jive st	reet address)	d	STREET ADD			ar ietu		0.	IS RES DENCE ON A FARM?	
filled pope	3 1	EASTERN NAME OF	SHORE	STAT		ITA	Middle		HALL	HIGHW	DATE	Mor	nth	Doy	Year	
re capelle		Type or print)		DAI			Rae		GAND	Y	OF DEATH	09		28	19 67	
cecuted with carpitetely nage capean	\$	EMALE	6 COLOR OR RA		7 MARRIED WIDOWED		NEVER MARRIED DIVORCED		NTE OF BIRTI		9,	AGE (in years last birthday)	IF UNDER Months	Doys	Hours Min	
le be ex ian and ase rem ind in an	100	USUAL OCCUPATION ng most of working I HOUSEW I	(G ve kind of war ite, even if retired	k dane	10b KI		BUSINESS OR		, BIRTHPLAC	E (County & St			12. (I (O	TIZEN OF DUNTRY?	WHAT	
ertificat physici nen ple naval, a	13.	FATHER'S NAME		ze Т	. Nels	on		14.	MOTHER'S	MAIDEN NAM	E	ra Gale				
death c tending rmit. It	1S (Ye	WAS DECEASED EVER s, no, or unknown)	R IN U.S. ARMED FO (If yes give wor or	ORCES? dates of	a a service M			SS		ECORDS			ress BRIDGE	E . M/	RYLAND	
binG PHYSICIAN: The Law requires that the death certificate be executed within 24 haurs after the haspital ar attending physician. When the certificate has been signed by the attending physician and caractered filled in by the be detached far use as the burial-transit permit. Then please remare calcan papers. Pages State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after the prior to burial.		18. CAUSE OF DE PART   DEAT   Conditions, if any, rise to immediate stating the under last.	H WAS CAUSED E IMMEDIATE which gave a couse (o).	CAUSE (c Due 1 (c Due 1	ACU O COR	TE	b), ond (c) )  CARDIAC AR  ARY ARTERY							5 M	RVA. BETWEEN T AND DEATH I INUTES	
The after has se a	ATTON		GNIFICANT CONDI			O DE	ATH BUT NOT RELATED TO	THE T	ERMINAL DIS	SEASE CONDIT	ION GIVEN	IN PART 1(a)			WAS AUTOPSY PERFORMED?	
ATENDING PHYSICIAN: The stained by the haspital ar atte CTOR: After this certificate has should be detached far use of the State Dept. of Health print the State Dept.	L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEAT	TH ER)	20b. DE	SCRIBI	E HOW INJURY OCCURRE									
DING PHYSICIAI by the haspital frer this certifice be detached far State Dept. of He	MEDICAL	20c. TIME OF INJU Hour a.n p.n	L L	19	While at war	k 🗍	Not While at work	actary, s	INJURY (He treet, office t	bldg., etc.)	20f.	(City or tawn)	,	unty)	(Stote)	
OR ATTENDII be retained by DIRECTOR: Aft e 3 should be ed with the St		21   certiforms and the decay signature.	fy that (I) (the eceased alive	is hasp an	oital) atten 09-28-	ded 1	the deceased fram 19 <u>_<b>67</b></u> , and th		<b>7⊷26</b> _ ath accu	, 19_ rred at <b>9:</b>	65 , to 30AM,	09-28 fram causes	and an t	he date	at (I) (we) las stated above	
OR DIRE		22c. PHYSICIAN'S NAME (Type)	nond.	<u>/</u> 3	<u>a</u> ,	مل		M.D.	ATTENDING PHYS 22d ADDI	RESS	ECTOR L	STAFF PHYS. [	<b>X</b> 09	9-28-	-67	
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	230	. BURIAL, CREMATIO	N, 23b. D	ATE THE	REOF	23	c. NAME OF CEMETERY C		IATORY	T	23d 100	ATION (City or T	own)	(County)		
Q Q D T T		FUNERAL DIRECTO	R		,1967		ADDRESS	Cem M	2	So REC'D BY	REGISTRA		d, Md. REGISTRAR'S ! VCloop	SIGNATURI		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12353 12361 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, functional Residence before admission) PLACE OF DEATH b COUNTY Dorchester a. COUNTY o. STATE Maryland any delay is 2, and 3 to Dorchester P.M.3. Page MARYLAND burial-transit permit. File pages Tand 2 with the State Departmeny b CITY OR TOWN (If autside carparate mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 16 mths Cambridge Cambridge B IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, "director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 317 Choptank Avenue 317 Choptank Avenue NO K pencil in Item 18 Give Pages be executed within 24 haurs after death NAME OF 4 DATE Miridle Lost Month Day Year First DECEASED ALBERT J. GARVAN OF Sept. 29 67 10 DEATH (Type or print) S SEX 6 COLOR OR RACE KX 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED inst birthday) Male White Nov. 16, 1907 in any event within 72 haurs after death WIDOWED DIVORCED II BIRTHPLACE (State or foreign country)
New York State 10b KIND OF BUSINESS OR 2 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COLNTRY? USA Unk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unk Unk 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 317 Choptank Avenue Mrs. Omie Cantrell, Cambridge, Maryland (Yes, no, or unknown) (If yes give wor or dates of service) Unk Unk 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN PHISTINGTH Coronary occlusion IMMEDIATE CAUSE (a) This cert ficate should 1-201 DUE TO Canditions, if any, which gove (b) rise ta immediate couse (a), DUE TO stating the underlying cause 20 be used PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or remaval, CERTIFICATION NO TO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20f. (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year Haus a m. foctory, street, office bldg , etc.) While Nat While DIRECTOR: Page at wark at work Inspection 4 21. I certify that I took charge of the remains described above, held on Autopsy , Inquiry | and in my opmion death resulted from: Natural causes or Undetermined manner Accident Suicide . Homicide the funeral directar be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL I 9/30/67 DEPUTY MEDICAL EXAMINER \* **EXAMINER'S** John Mace Jr. Address (Street, city, town, or county) Cambridge, Md. Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL REMATION. 23b DATE THEREOF (County) 0 LO. BUT 121 Oct. 2, 1967 Cambridge, Maryland Greenlawn Cemetery 25b REGISTRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 24 FUNERAL DIRECTOR VR ATSME Ithanker Judge DATE OCT 2 1967 LeCompte Funeral Service, Cambridge, Maryland 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



	m(VIS10	N OF STATIS	MAF STICAL RESI	RYLAND STA EARCH AND R	TE DEF ECORDS	PARTME! . 301 W. PI	N <b>T OF I</b> RESTON	HEALTH STREET	i . Balti	MORE 1.	MARYLA	ND
	I/O	J 4		CERTII	FICATI	E OF D	EATH			ì	236	2
1.	a COUNTY _	н orchester		MA	RYLAND		esioence Mary				rches	efore admission) ter
	Cambrid			c. LENGTH OF ST	K	1		ambric		s, write RURA		nearest town)
		spital or instit ge Maryla		hospital, give stree tal	t address)	d. STREET A		3, Too	ld Poi	int		IS RESIDENCE ON A FARM? S NO [
3.	(Type or print)	_	First MMA	Middle DORA		Last ENN		4. DATE OF DEATH		Sept.		Year 19 67
	sex Female	6. COLOR OR RA	WIDOWE	D NEVER MARR		July 6,	, 1883		84 y	day) Months	Days	UNDER 24 HRS Hours   Min.
du	ring most of work Housew:	ting life, even If ro <b>ife</b>	vork done 10b. etired)	KIND OF BUSINESS INDUSTRY Home	OR	Baltin	more,			ountry)   12.	CITIZEN OF COUNTRY?	USA
13	. FATHER'S NAM	Alex	ander Fr	lech		14. МОТНЕ <b>Мат</b>		Turnt	nll			
1! (Y	s. WAS DECEASED es, no, or unknwn) NO	EVER IN U.S. ARMI (If yes give war or d	D FORCES? 10 ates of service)	S. SOCIAL SECURITY	NO. 17. Mrs	. G. P.	Rich	ards,		ddress <b>Cam</b> b	ridge	, Md.
SATION	PART I. D.  Conditions, If gave rise to cause (a), sunderlying cause	EATH WAS CAUSE IMMEDIATE CA  any, which immediate stating the se last.	D BY: USE (a)  DUE TO (b)  DUE TO (c)	COVOV	na ry		YUC 6	Dis			ONSET	VAS AUTOPSY PERFORMED?
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYIN ING () CAUSE OF TIFY MEDICAL EX	DEATH	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter	nature of i	njury in Par	t I or Pari	t II of Item 1		
MEDICAL	Hour a. p.	m.	19 While	ork at work	facto	CE OF INJURY ry, street, office	ebidg., etc.		Ity or tow	(n) (C	ounty)	(State)
		ceased alive on		ded the deceased			G ME	M, from	STAFF PHYS.			t (I) (we) las stated above IED
23	a. BURIAL, CREI	MATION, J 23b, D	ATE THEREOF	23c. NAME OF	CEMETERY	C OR CREMATO	mb.	1 de e	ATION (CI	ty, town or o		(State)
2	Burial  4. FUNERAL DIR	2010	28, 196	7 Loudon 1	Park C	emetery	T	]	TRAR 1 251	Mary  REGISTRA	R'S SIGNAT	TURE
	LeCompte						DATESEP		967			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12364 12355 CERTIFICATE OF DEATH death. er death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission p. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft b CITY OR TOWN (IF c. CITY OR TOWN ourside corporate limits, write RURAL and give nearest town) outside corporate imits carban papers, rag rite RURAL and give nearest tower IS RES DENCE ON A FARM? (If not in hospital, give street address) NO K YES 3. NAME OF Lost 4 DATE Month Year DECEASED 0F (Type or print) DEATH 5 SEX IF JNDER 1 YEAR DATE OF BIRTH 9. AGE (In year IF JNDER 24 HR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remave Doys birthdoy) Months Hours signed by the attending physician and co burial-transit permit. Then please remay burial, crematian, ar remaval, and in any WIDOWED DIVORCED 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 13. BIRTHPLACE (County & Stote, or foreign country) COUNTRY INDUSTRY 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. NTERVAL BETWEEN neilmonia. 00a IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Cache XIL Conditions, if any, which gave ) rise to immediate couse (a), DUE TO storing the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to Carcinoma Prostate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED TIME OF NURY Month, Day, Year 20e PLACE OF INJURY (Home, form (City or town) (County) (State) Hour To.m. factory, street, office bldg , etc.) Not While OR ATTENDING 19 at work ot work 21. I certify that (I) (this haspital) attended the deceased from 1205 was director, page 3 should shauld be filed with the saw the deceased alive on Jane mby 1967, and that death accurred at A. M. fram causes and on the date stated above 22a SIGNATURE 22b DATE SIGNED ATTENDING CUMDO September 7. 1967 DIRECTOR MLD 22d, ADDRESS 22c. PHYSICIAN S TO HOSPITAL BARRUSO NAME (Type) Hurl DCI 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL (Specify) 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) **FUNERAL DIRECTOR** VR A15 (4) 25M 1/67



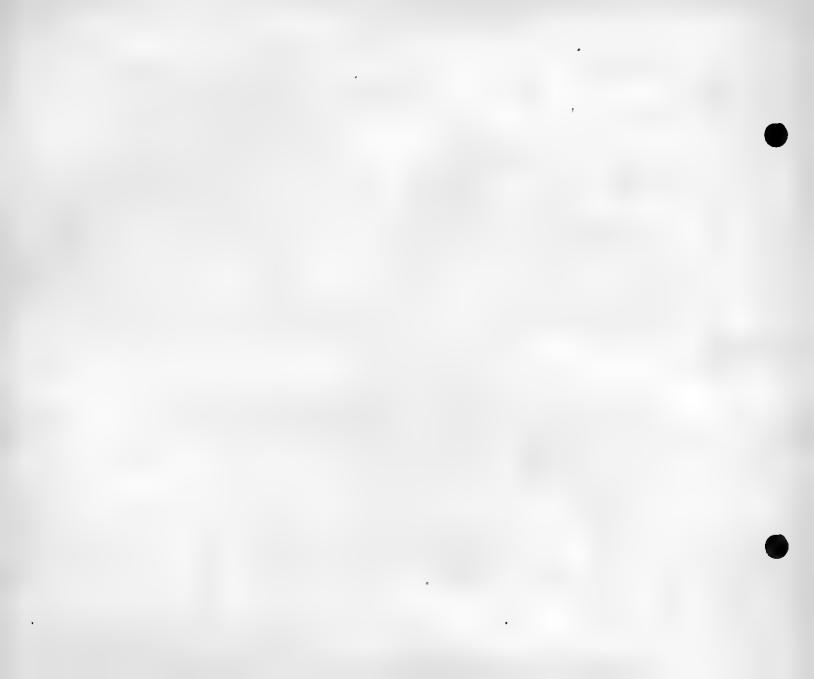
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12365 CERTIFICATE OF DEATH death death 2 USUAL RESIDENCE (Where deceosed fived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FURAL - SAIPTI ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENO ON A FARM? CAMPOINGE MACKIAMO MOSPITAL. INC. YES NO SC ve carban) evenir, with 4. DATE Year 3 NAME OF First and completely remaye carban DECEASED BARAT STANKY DEATH (Type or print) IF UNDER 1 YEAR 8 DATE OF BIRTH AGE (In years 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost bythdoy) Hours WIDOWED 51 DIVORCED cremation, ar remaval, and in any 12 CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY attending physician permit. Then please DC. 311 . Th. . 30. . ID. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(If yes give wor or dates of service 220-10-31 JA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cardiac decompensation IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e PLACE OF INJURY (Home, form, (County) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year factory, street affice bldg.etc) Hour e.m. ot work of work 21. I certify that (I) (this haspital) attended the deceased from August 19.1967, to Sept. 9.1907, that (1) (we) last saw the deceased alive aparts 9. 19 67, and that death accurred at \_\_\_\_\_ M, from causes and an the date stated above director, page 3 shauld shauld be filed with the 220 SIGNAZURE 226 DATE SIGNED Sent. 10. '67 DIRECTOR M.D 22d ADDRESS 22c PHYS CIAN S TO FUNERAL NAME (Type Pin Street C no i 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 23o. BUR AL CREMATION, REMOVAL (Specify) 2Sb REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR ADDRESS VR A15 (4) 25M 1/67 CA'B'I G 3, 1D. DATSEP



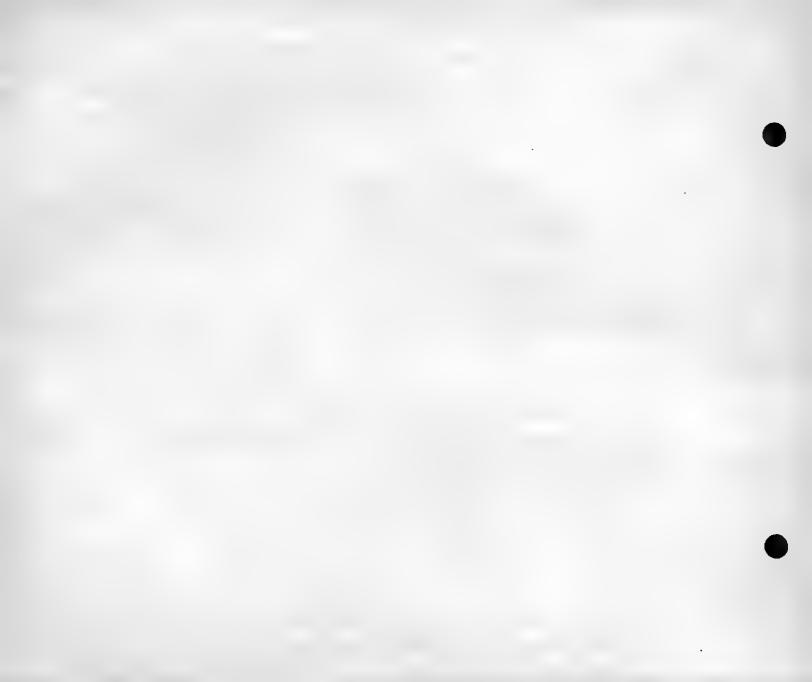
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12366 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE **b** COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) RURAL - Cabrile d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? filled THE MARTINED HO PITAL. YES NO 🔀 NAME OF 4. DATE Year Manth Day campletely DECEASED OF DEATH MOLOGK 1957 (Type or print) COL 9 AGE (In years (FUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED remaye last birthday) Months Days Haurs and in any WIDOWED X DIVORCED puo 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? DOTO : 17 7 7 3 00. . 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal, attending phys CALEB MOLOCK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service VI LIM BUIN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH Cardiac decompensation IMMEDIATE CAUSE (a) signed by be retained by the hospital ar attending physician. DUE TO Coronary heart disease 3wks Conditions, if any, which gave : rise ta immediate cause (o), **DUE TO** stating the underlying cause State Dept. af Health priar ta os 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II) of frem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 26c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) (City or town) (County) factory, street, affice bldg., etc.) Not While O FUNERAL DIRECTOR: After openhad the decorated from Aug. 19, 197, to Sept. 14,19 6/that (1) (we) last 21. 1 certify that (I) (this hasn to director, page 3 shauld shauld be filed with the saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR Sept. 15, 1967 M.D. 22c. PHYSICIAN'S NAME (Type) 22d ADDRESS 623 HighStreet hrin Fassett. M.D. Cambridge, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR RAL DIRECTOR **ADDRESS** 2Sg. REC'D BY REGISTRAR VR A15 (4) DATE SEP



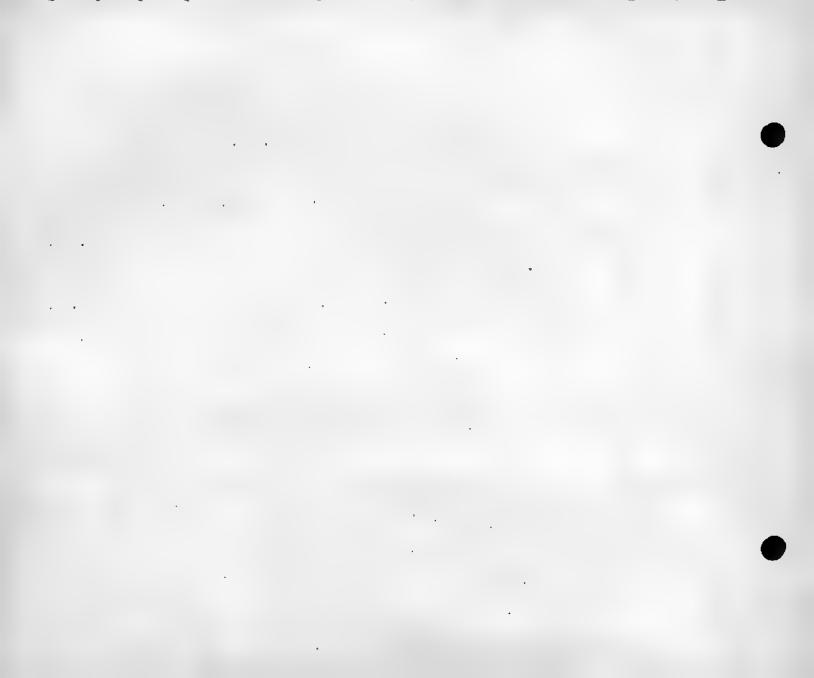
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12367 12358 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY DORCHESTER O. STATE ARYLAND **b.** COUNTY DORCHESTER MARYLAND b CITY OR TOWN (If outside carporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside comparate limits, white RURAL and give negrest fown) CAMBRADGE OF ROPE A LOW) 16 MONTHS HURLOCK d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS ON A FARM **ROUTE #2 Box 183** EASTERN SHORE STATE HOSPITAL NO # 3 NAME OF First Middle Last 4 DATE Day Year Carbon Carbon DECEASED 19 67 JAMES HENRY JONES SEPTEMBER DEATH (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE ( n years birthdoy) 09-18-83 MALE NEGRO WIDOWED DIVORCED puo 10a JSUAL OCCUPATION (Give kind of work done INDUSTRY 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY dute Emost of Entking life, even if retired) NORTH CAROLINA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or remaval, HILLIARD JONES FRANCES LEE JONESK ( 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If yes give war ar dates of service) 221-05-0159 REDORDS OF THE EASTERN SHORE STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (RESPIRATO) SPIRATORY ARREST DUE TO DAVC UREMIA Canditians, if any, which gave rise to immediate cause (a), **DUE TO** far use as the t stoting the underlying couse the haspital ar attending FAILURE RENAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY certificate has PERFORMED? CERTIFICATION ARTERIOSCLEROSIS GENERALIZED KK ON 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) 20g ACC DENT WAS JNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF NIURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg , etc ) 21 I certify that (1) (this sopital) attended the deceased from SEPT 9, 19 6 7 hat (1) (see last saw the deceased alive an SEPT 9 19 6 7, and that death accurred at 1/30 PM, from causes and an the date stated above be retained TO FUNERAL DIRECTOR: 226. DATE SIGNED 220. SIGNATURE DIRECTOR director, page should be filed ADDRESS 22c. PHYSICIAN'S SHORE STATE HOSPITAN SEAN KILLORAN M.D. NAME (Type) 23d. LOCATION (City of Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL CREMATION. REMOVAL(Specify) Near East New Market, Md. Thompsontown Cemetery 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12368 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral s 1, ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before admission) o. COUNTY a STATE **b.** COUNTY MARYLAND Y ) orchester MARY b. CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town popers. Pag hin 72 hours Ambrid ⊑ e IS RESIDENCE OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hin 72 ON A FARM? physician and completely filled Re STATE NO IS YES carbon DATE Year DECEASED event, (Type or print) DAC DEATH 1961 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last b rthagy) Months Days Haurs and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** EACHER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, NSMINGER (ANN ottending p 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service cremation, 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) NTERVAL BETWEEN line for (a), (b), and (c), burial-transit CONSET AND DEATH 2 **DUE TO** signed burial endicarditis. Cortie insumilien Conditions, if any, which eave 1 rise to immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending be detoched far use as the State Dept, of Health prior to certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) While Not While at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram , page 3 should be filed with the and that death accurred at 7 15 saw the deceased alive an 419 61 AM, from causes and an the date stated above. 22n SIGNATURE 22b DATES GNED ATTENDING STAFF. M.D. DIRECTOR PHYS PHYS. 22d ADDRESS 22c PHYSICIAN NAME (Type) director, should be 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) Sept 30 1957 East New Market Cemetery East New Market, Maryland 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 LeCompte Funeral Service, Cambridge, Maryland 1961



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12369 funeral after death PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) **b.** COUNTY Dorchester Dorchester MARYLAND c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours hours Williamsburg Cambridge Dav .⊑ filled i e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS R.F.D. within Cambridge-Maryland YES \_ ND 2 within ely NAME DE DATE Month Day Year First Middie Last DECEASED e de la companya de l 19 17 remove car (Type or print) Charles Alongo Lake DEATH September 5. SEX 6. COLOR OR RACE AGE (in years | IF UNDER I YEAR IF UNDER 24 HRS 9. 7. MARRIED X DATE OF 1898 **NEVER MARRIED** last birthday) Months XX 69s. Hours Megro Male 24 xxxxx Apri WIDDWED [ DIVORCED [ attending physician a ermit. Then pleare re on, or removal, an in a .5 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT **COUNTRY?** death certificate be Laborer Farm Dorchester County 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME Steve Lake Mary (Unknown) 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITYND. been signed by the attenthe burial-transit permit. (Yes, no, or unknown) | (If yes give war or dates of service) 215-38-0385 Mrs. Anne Huches, villiamsburg. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. has CERTIFICATION WAS AUTDPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate Huhochromic anenzia YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) detached for the Dept. of I Dept. this MEDICAL (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. While Not While at work After ATTENDING retained by at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from. FUNERAL DIRECTER: A lirector, page 3 should hould be filed with the and that death occurred at QP. M. from the causes and on the date stated above. LJ 19 67 saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE pe STAFF ATTENDING PHYS. DIRECTOR 4 may TO HOSPITAL ADDRESS 22d. PHYSICIAN'S 22c. director, p should be NAME (Type) Md (State) 23c. NAME DF CEMETERY OR CREMATORY LDCATION (City, town or county) 23a. BURIAL CREMATION. 23b. DATE THEREDE REMOVAL (Specify) 2 Washington Cemetery Hurlock, Maryland 'ear Rumial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Framutom abo On alsburg. Md. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12361 12370 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY 4 o. STATE b. COUNTY RCHESTE MARYLAND MARYLAND WICOMICO c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RURAL and give nearest town) 140A45 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) SALISBURY Ē d. STREET ADDRESS B IS RES DENCE ON A FARM? ASTERN SHORE MADISON YES NO IX with NAME OF 4 DATE Doy Year campletely DECEASED
(Type or print) OF DEATH BURKE LEWIS ULIVER 19 JF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years lost birthdoy) Months Dovs WIDOWED DIVORCED 6-20-9 WHITE MALE gug 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** WICOMICD, MARYLAND
14 MOTHERS MAIDEN NAME 13 FATHER'S NAME ar remaval, -LORENCE DENNIS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service EASTERN SHORE STATE HOSPITAL UNKNOWN burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit nnewm ou トゥかんて IMMEDIATE CAUSE (o) DUE TO chchexic Conditions, if any, which gove (b) rise to immediate couse (a). **DUE TO** stoting the underlying cause certificate has been 19 WAS ALTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (Elty or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from 32 h 2m21 24, 1966, to 3chie more 1964 that (I) (we) lass saw the deceased glive an 2 period 1961, and that death accurred at 122 M, fram causes and an the date stated above director, page 3 shauld should be filed with the TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED. 9-15.6 M.D. PHYS DIRECTOR PHYS. ADDRESS 22c PHYSICIAN'S TO HOSPITAL BARRUSO 1-lurlock NAME (Type) 230 NAME OF CEMETERY OR CREMATORY 236 DATE THEREO! 23d LOCATION (City or Town) 230 BURIAL CREMATION (Country) REMOVAL (Spetify) 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24-FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12371 12362 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the funera o. COUNTY o. STATE b. COUNTY Dorchester Manuland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Trappe ly filled in by t bon papers. Pa within 72 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e is residence on a farm? NO DC YES NAME O 201 Lost 4. DATE Month Year DECEASED Alberta Marshall 19 67 completi (Type or pnnt) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last birthdoy) Hours WIDOWED K DIVORCED and in an 10a USUAL OCCUPAT ON (Give kind of work done IDE KIND OF BUSINESS OR 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) the attending physician of sit permit. Then please during most of working life even if retired)

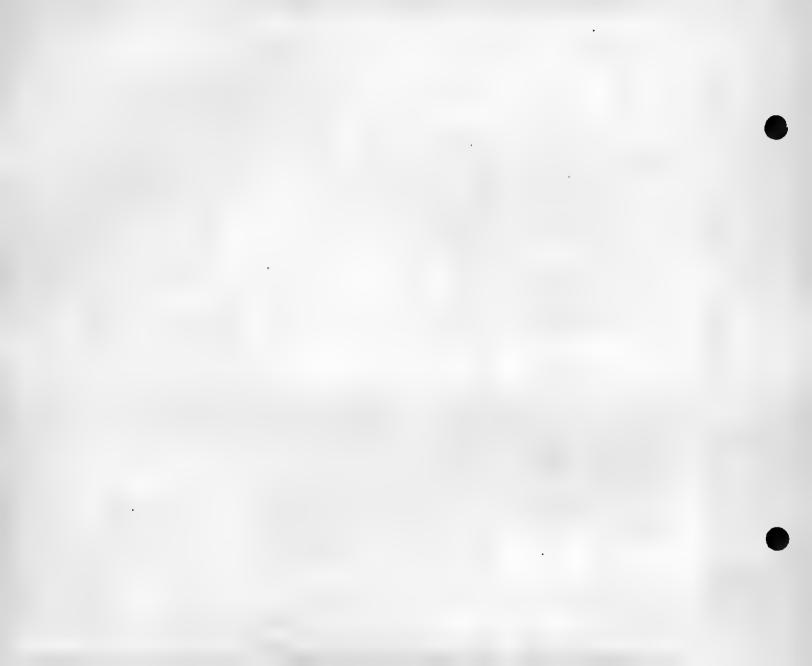
Owner & operator ing Home operator Nur 13. FATHER'S NAME ar removal. 16 SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) crematian, 38 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Conditions, if ony, which gove ) use to immediate cause (a). DUE TO stating the underlying cause detached far use as the te Dept, af Health priar tal 19 WAS AUTOPSY PERFORMED? PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) filed with the State Dept. MEDICAL 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While at work þe 21. I certify that (1) (this haspital) attended the deceased from that (I) (we) last ro Hospital or Attent Page 4 may be retained and that death accurred at 10 30 M, from causes and an the date stated above. saw the decaased alive an 22o SIGNATURE DATE SIGNED ATTENDING M.D DIRECTOR PHYS PHYS 22c PHYSICIAN'S 22d ADDRESS director, po should be f MA NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON 23b DATE THEREOF LOCATION (City or Town (State) (County) BREMOVALISHECITY) pper Bamburu 250, REC'D BY REGISTRAR 2Sb 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12372 CERTIFICATE OF DEATH uneral and 2 death. after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? 24 60h Race Street Cambridge Maryland Hospital No D. YES ! executed within 3. NAME OF Middle Last DATE Month Day DECFASED GEORGE MEIZER 1967 0. 8 Sept. (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH last birthday) Male White Months Sept. 20. 1873 WIDOWED [ DIVORGED e da 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired)
Shoemaker-Retired **COUNTRY?** Cambridge, Maryland USA Shoe Repair 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Unk Unk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no. or unknown) I (If yes nive war or dates of service) Mrs. James Aaron, Cambridge, Maryland unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating has be as th prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h PERFORMED? CATI NO V YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) tached for MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work shoutd th the S 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the AM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED SIGNATURE 224 limene M.D. DIRECTOR may pa FUNERAL PHYSICIAN'S ADDRESS 22c. 22d. director, p NAME (Type) Mary ਰ KOV NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. 23b. DATE THEREOF BURIAL, CREMATION, 2 1967 East New Market Cemetery East New Market, Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 1/65



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1	123	74		CERTI	FICATE	OF DEATH			12	373
	PLACE OF DEATH					2. USUAL RESIDENCE ( a. STATE		lived, if instituti		are admission)
	6 CITY OR TOWN	HESTER If outside corporate limit d give nearest town)	ts,	c. LENGTH OF STAY	RYLAND IN 16	c. CITY OR TOWN (If or		limits, write RUR		est town)
1	MBRIDGE d. NAME OF HOSPI	(RURAL) ALOR INSTITUTION (IF I				d. STREET ADDRESS	NOTI			e IS RESIDENCE ON A FARM?
1		ORE STATE				R.F.D.#3			<u>.</u>	YES NO.
1)	NAME OF DECEASED (Type or print)	CLEMENT	ırst  -	Middle	MEL	Last .UNEY	4 DATE OF DEATH	SEPTEM	10	19 6 7
5	SEX	6 COLOR OR RACE	7 MARRIED X	NEVER MARRI		DATE OF BIRTH	9	AGE (In years Jast birthday)	Manths Days	
	LE	STIHM	WIDOWED	DIVORC	ED 🔲 0	6-30-85	8	Z yrs.		
dur C	USUAL DECUPATION IN THE BUILD IN TAIL BUILD	N (Give kind af work dane life, even if retired) LDER	105. KI	ND OF BUSINESS OR Dustry		11. BIRTHPLACE (County  MARYLAND		gn country)	12. CITIZEN COUNTRY	USA
13.	FATHER'S NAME				_	14. MOTHER'S MAIDEN				
	TILGHMAN					MARYINO	BLE MEL			<u></u>
(Ye		R IN U.S. ARMED FORCES? (If yes give war or dates		SOCIAL SECURITY NO.		ORDS OF THE	EASTE	Addre	E STATE	
	18 CAUSE OF D PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE	use per line for	(a), (b), and (c).)  DNEUM 0	NIA					NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave ) (b) PYELO NEPHRITIS I WK								I WK	
	nse to immedia stating the unde last.		то	EPTICE	MIA					12 HRS
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)								1	9 WAS AUTOPSY
# IS	GEN	ERALIZE	P A	RTERIOS	CLE	ROSIS				PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port I or Port I	of item 18.)		
MEDICAL	20c. TIME OF INJ Haur o	URY Month, Day, Year	20d. II While at work	NOT While of work		E OF INJURY (Hame, fara ary, street, affice bldg., etc.		(City or tawn)	(County)	(State)
	21. 1 cert	ify that (I) (this ho leceased alive an_	spital) atten	ded the deceose	d from	death occurred at				that (I) (we) las ate stated obove
	220. SIGNATURE	m m	Will	s-ran	> M.E	ATTENDING DA	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	GNED 1967
	22c. PHYSICIAN' NAME (Type		LORAN	1.D.		22d. ADDRESS EASTERN	S HORE		HOSPITAL	
230	o. BURIAL, CREMATI REMOVAL (Specif Buria	ON, 23b. DATE TH		23c. NAME OF CE		REMATORY emetery		TION (City or To		oronine
24	4. FUNERAL DIRECTO	9-13- OR	10/1.	ADDRESS	11		D BY REGISTRA	2Sb RE	GISTRAR'S SIGNAT	1.17
	1/a	wey w.	(KKIN)	noon!	caora	CSCKLLA DAIR DE	LIO	196 <u>6</u>	illeans of	Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

12365 12374 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. COUNTY h COUNTY MARYLAND 2 b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town .5 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give afreet address) un 72 filled NO DO NAME OF Middle 4. DATE Lost Year and campletely carban DECEASED NNIC 19 and in any event, (Type or point) DEATH IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 9 AGE (in years 1F UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Months lost birthday) Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** S.A LINKNOW NENDINN 13. FATHER'S NAME ar remayal, Ste WART James by the attending ransit permit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the atter burial-transit perm burial, crematian, c 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) nse to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar to (c) 19 WAS AUTOPSY PERFORMED? PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (Stote) 20c TIME OF HULLRY Month, Day, Year (County) Hour o.m. factory street office bldg etc.) Not While of work 21. I certify that (N) (this hospital) attended the deceased from, 19 63, ta 9-5 19\_6 7that "N (we) last 1967, and that death occurred at 100 A M, fram causes and on the date stated above saw the deceased alive as 22o. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D director, page shauld be filed 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)

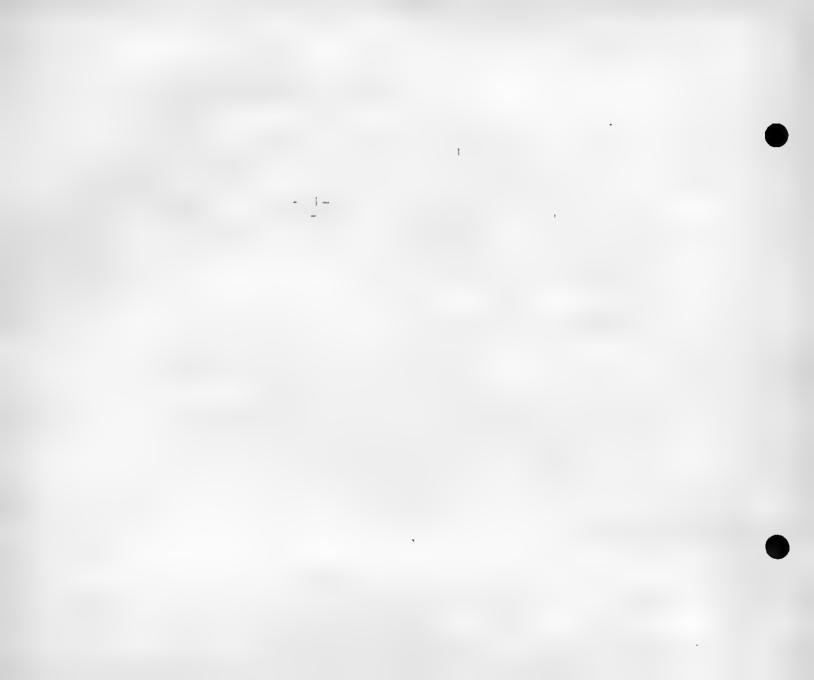
Cambridge, Maryland 23b DATE THEREOF 230 BURIAL, CREMATION, (Stote) 7 1967 Burial (Specify) Cambridge Cemetery Sept 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

OMPTE FUNERAL SERVICE CAMORIDGE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Dorchaster Maryland Dorchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b on papers. Pag within 72 hours Rural-Cambridge Cambridge e. IS RESIDENCE d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **DN A FARM?** RFD #2. Bucktown Road Cambridge Maryland Hospital No. with etely carbon 3. NAME DE Month Day Year Middle DECEASED OF OEATH REX W. NEAL, Sr 1967 (Type or print) Sept. ellecute 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 891 and box last birthday) Months I Male 8, White ank Aug. WIDOWED [ DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Se death certificate be Dorchester Co., Maryland USA Dirt Farmer physic n pled removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Neal Mary Elizabeth Stoker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the attend t permit. Ь (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Rex W. Neal, Sr., RFD 2, Cambrid ge, Md unk INTERVAL BETWEEN 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH has been signed by te as the burial-transit prior to burial, crema PART I. DEATH WAS CAUSED BY: MASSIVE GT HEMORRHAGE HINDTE S IMMEDIATE CAUSE (a) DUE TO 6-10 MONTHS Cenditions. If any, which CLLON CARCINGMA gave rise to immediate DUE TD cause (a), stating the underlying cause last. PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached fire Dept. of (State) (County) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work While After d be d at work 1967 retained , that (I) (we) last 21. I certify that (II) (this hospital) attended the deceased from... DIRECTOR: age 3 should filed with the and that death occurred at 9:35 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF filed M.D. DIRECTOR Day FUNERAL PHYS/CIAN'S 22d. ADDRESS 130 6 TO FUNERAL director, p 22c. NAME (Type) CAMBRIDGE, MARYLAND 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE PHEREOF 23a. REMOYAL (Specify) Cambridge, Maryland Sept 1 1967 Dorchester Memorial Park 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12368 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. E. NS GORD L 41.1 .≘ NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e IS RES DENCE d STREET ADDRESS ON A FARM filled NO DO NAME OF First DATE Month Year DECEASED (Type or print) URU 50 DEATH 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) Months terno-10. WIDOWED DIVORCED ond 1Do USUA, OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working tile, even if retired) INDUSTRY 12/a NONE HOUSEW 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, ho mas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, nq, or unknown) (If yes give wor or dates of service) TANKANIK fel 1 cremotion, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) burial-transit ONSET AND DEATH or ottending physicion. DUE TD signed l Conditions, if ony, which gove a use to immediate couse (o), DUE TO stating the underlying couse After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 🗌 þ 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour om foctory, street, office bigg, etc.) Not While 19 ot work of work 21. I certify that (!) (this hospital) attended the deceased from 3-17 196, 10 7-14 . 1962, that (I) (we) last 1947, and that death accurred of 800 DIRECTOR: M, from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR director, page should be filed 22c PHYSICIAN'S 22d, ADDRESS TO FUNERAL NAME (Type) MAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT DN, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) PEMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH "DÍVISIÓN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12378 CERTIFICATE OF DEATH Item C. 15 & 16 Film 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Dorchester Dorchester a. STATE Maryland after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š write RURAL and give nearest town) hours Rural-Cambridge Cambridge Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d, STREET ADDRESS e. IS RESIDENCE filled DN A FARM? 24 Cambridge Maryland Hospital RFD #3. Ross Neck Road YES K NO death certificate be executed within > a 3. NAME DE Last DATE Month First Middle Day ve carb DECEASED MARSHALL PARKER 1967 Sept. (Type or print) DEATH and per AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Jan 10, 1899 Hours White Male WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT .= 10b. KIND OF BUSINESS OR lease and in during most of working life, even if retired) Dirt Philadelphia, Penna. USA Farmer ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph removal Benjamin Parker Margaret Killion d by the attend transit permit. cremation, or re 15. WAS DECEASED EVER INU, S. ARMED FORCES? | 17. INFORMANT (Yes, no, or unkown) (If yes tive war or dates of service) Mrs. Margaret P. Farker, Cambridge, Maryland 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH n signed by burial-transit burial, crema PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which certificate has been sihed for use as the bu (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, WAS AUTORSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI YES TH ND [ 208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) r this certif detached for te Dept, of B MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office blog., etc.) After After tould be Hour a.m. Not While at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased-from OIRECTOR: age 3 should AM, from the causes and on the date stated above. saw the deceased\_alive on and that death occurred and DATE SIGNED 22a. SIGNATURA page ATTENDING STAFF Z-M.D. Page 4 may t PHYS. DIRECTOR PHYS. director, pa PHYSICIAN'S ADDRESS 22c. 22d. NAME OF CEMETERY OR CREMATORY LOCATION (effy, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. Cremation Sept 1967 Lee F. H. Crematory Washington, D. C. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12340 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in by d NAME OF HOSPITAL OR INSTITUTION (If that in hospital, give street address) d. STREET ADDRESS ON A FARM? Camden Ave. Extd. YES NO [ NAME OF 4 DATE Yeor attending physician and campletely permit. Then please remove carban DECEASED OF DEATH NNE WEll (Type or print) 19 6 7 9 AGE (In years lost birthdoy) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LISBIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT aryland 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, EVIU MENNEWEL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes give wor or dotes of service Pennewell (Wife) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY Ave. Extd., Fruitland, Md. INTERVAL BETWEEN ONSET AND DEATH **burial-transit** IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), **DUE TO** stoting the underlying couse WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO. 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' MED CAL 2Dc TIME OF INJURY Month Dov. Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that (i) (this hospital) attended the deceased from 19\_\_\_\_, to\_ 19\_\_\_\_, that (I) (we) los and that death occurred at M, fram couses and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on. 220 SIGNATURE DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 230 BUR AL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Parsons Cemetery 1967 Salisbury, Maryland 24 FUNERAL DIRECTOR **ADDRESS** VR A15 [4] 25M 1/67 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12371 12380 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY MARYLAND DORCHESTER MARYLAND DORCHESTER CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE 6 MONTHS HOOPERSVILLE illed in papers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B IS RES DENC d. STREET ADDRESS hin 72 ON A FARM? filled EASTERN SHORE STATE HOSPITAL NO V YES NAME OF Middle Lost DATE Doy Year DECEASED OF (Type of print) DEATH PHILLIPS SEPTEMBER 19 67 GARFIELD 16 AGE (In years lost birthdoy) SEX IF UNDER 1 YEAR 1F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH Months Doys Hours Min. WIDOWED DIVORCED 09-28-81 physician and then please rem MALE WHITE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? WATERMAN MARYLAND LISA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME removal. SAMUEL PHILLIPS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Б TENK MOMN crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO RUIHC INTARCT Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse certificate has been WAS ALTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Health I TO HOSPITAL OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18. 20g ACCIDENT WAS UNDERLYING hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c TIME OF NURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Ноыг олг Not While factory, street, office bldg, etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (P) (this haspital) attended the deceased from 19 6 7 to be retained saw the deceased alive an and that death accurred at \$455M, from causes and an the date stated above 22o SIGNATURE 22b DATES GNED DIRECTOR M.D director, page Shauld be filed 22d ADDRESS PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, ŁOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burzal Sept. Dorchester Memorial 24 FUNERAL DIRECTOR VR A15 (4

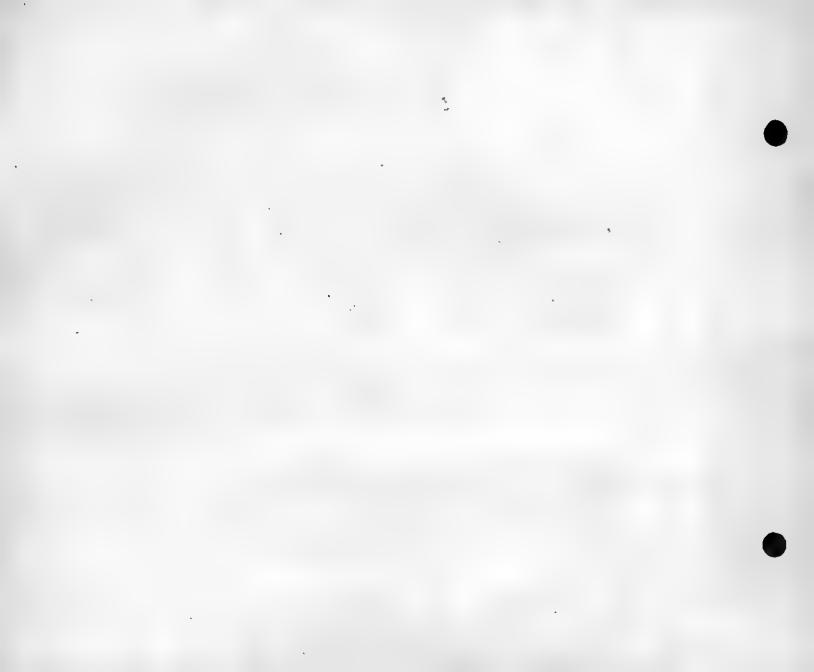




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12389 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH funeral 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY DORCHESTER o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) CONOMINGO in by 12 YEARS Rural RURAL CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) carban papers. d STREET ADDRESS e IS RES DENCE ON A FARM? Within 23 campletely filled EASTERN SHORE STATE HOSPITAL NO Tr NAME OF Middle First Lost 4. DATE Yea DECEASED RAKES JAHUË FRANKEIN 19 67 SEPTEMBER 11 event,, (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) 11/1%/79 and in any MALE WHITE WIDOWED X DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)
CARPENTER Self Employd VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, WILLIAM C. RAKES VICTORIA ALICE HURD 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dotes of service) 218-18-5384 HOSPITAL RECORDS burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN by the o signed by the burial-transit PART J. DEATH WAS CAUSED BY. neumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending After this certificate has been be detached far use as the State Dept. af Health prior ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPS PERFORMED? hyelonehhritis . Benzign Prostate husborblasile NO TY 200 ACCIDENT WAS JNDERLYING E 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20x TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 19.55 ta 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 19 67, and that death accurred at 7/0 P.M. fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 10 auros ATTENDING 9/11/67 DIRECTOR M.D. director, page should be filed ADDRESS 22c. PHYSICIAN S BARROSO E.S.S. HOSPITAL, CAMBRIDGE, MD. NAME (Type 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Buria. Conowingo Cem. Conowingo Cecil 0 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67



1		MAKTLAND STATE DEPA	AKTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLAND
4 3 K H	_	1237 <sub>4</sub> CERTIFICATE	OF DEATH	12383
	1.	a. COUNTY	USUAL RESIDENCE (Where deceased lived, if Institution     a. STATE	n .
s after by the Pages ins after		b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU	IRAL and give nearest town)
hours d in by rs. Pa	6	ambridge Enliavs	Vienna	La stalbauer
24 fille papel in 72	<u>_</u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO.
uted within completely ve carbon p	3.	NAME OF DECEASED (Type or print) Nannie Kelly Rich	Last 4. DATE Month OF DEATH 9	Day Year 30 1967
be executed within ician and completely aske repove carbon land in any event, with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		DER 1 YEAR IF UNDER 24 HRS.
S C I I I I I I I I I I I I I I I I I I	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Indig most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12	2. CITIZEN OF WHAT
ficate physical ficate physical ple oval, ai	13	FATHER'S NAME I	14. MOTHER'S MANDEN NAME	11.3.14
certi nding The	15	i. WAS DECEASED EVER IN U.S. ARMED FORCES? J. 6. SOCIAL SECURITY NO. 17. IN es, no, or unknown) [(light spire war or dates of service)]	Javah Thompson	g
death e atte permil	(1)	I/VO Mr.	Crawford Richardson	Campridge
n. by the ansit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	occhecien	ONSET AND DEATH
es tha hysicia signed rrial-tr		Conditions If any which is	Heart Disease	10475
PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physician to use as the burial-transit permit. Then ple e Dept. of Health prior to burial, cremation, or removal, a		gave rise to immediate cause (a), stating the DUE TO	77 (47)	
atten atten s has se as ch pric	LION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
l: The al or fincate for us Healt	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [7]   20b. DESCRIBE HOW INJURY OCCUPR	RED. (Enter nature of Injury in Part I or Part II of Item	YES NO
PHYSICIAN: The hospital this certific detached for Boot. of H		OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (CHOT HAWIS OF MINNS IN PART I OF PART II OF REAL	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE   Hour a.m.   While   Not While   factory,   at work   at work	OF INJURY (Home, farm, street, office bidg., etc.)	(County) (State)
ATTENDING retained by EDTOR: After should be		21. I certify that (I) (this hospital) attended the deceased from	leath occurred atM, from the causes and c	
With With		22a. SIGNATURE	ATTENDING MED. STAFF	
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS C / C / C / 7	1/20/6/
TO HOSPITAL Page 4 may perfect, page director, page should be file.	230	TAMALMEL MISMANER	R CREMATORY 230 LOCATION (City, town of	r county) (State)
5g 5 42	1	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 923/67 Dorn Demons	al Park Cambridge	RAR'S SIGNATURE
VR A15 (4)	u	IDS. Willoughby East New Market	DATE CEO 9 5 1007 William	rula Judera.
198 4-04		7 77	OEI 20 1001	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12384 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) a. COUNTY DORCHESTER a. STATE b. COUNTY MARYLAND Micomico ours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 15 YRS. SALI SBURY RURAL CAMBRI DGE nin 72 Ke Alled No d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? EASTERN SHORE STATE HOSPITAL 148 OCEAN CITY ROAD NO X YES NAME OF First Middle 4. DATE Month Year DECEASED completel JOHN THOMAS Corb SAVAGE SEPT. 18 19 67 (Type or print) DEATH cremotion, or removal, and in any event, SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED birthdoy) Months Days Haurs 11/2/77 MALE WHITE WIDOWED X DIVORCED 10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physicion ( ien pleose pleose **INDUSTRY COUNTRY?** U.S. -Georgetown, Delaware - Retired Lumberman 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ANNIE THOMAS GORdy JOHN T. SAVAGE ottending poermit. The MINTORMANI rginia E. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO Peters (Waughter) 148 Ocean City, Road, - 180-03-6609 HOSPITAL RECORDS Salisbury, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN the fransit PART I. DEATH WAS CAUSED BY. remia signed by t buriol trans IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tho Page 4 may be retained by the haspital or attending physician. DUE TO Chronic Pyelonephritis burial Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause this certificate has been detached for use as the te Dept, of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm 20c TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc ] at work of work þe 21 | certify that (1) (this hospital) attended the deceased fram. 19.66 ta 9/18 19\_67, that (1) (we) last and that death accurred at 215 pM, from causes and on the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE DATE SIGNED MED. DIRECTOR 9/18/67 director, page 3 22d ADDRESS 22c. PHYSICIAN S E.S. S. HOSPITAL, CAMBRIDGE, NAME (Type) ARROSO 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Sept. 21.1967 Wicomico Memorial Park 2 Buria1 Salisbury, Maryland 25g. REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY Dorchester Maryland Corchecter MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENCTH OF STAY IN 1b Turlock 50 vears e. IS RESIDENCE d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM? Pailroad Avenue Brilroad Avenue YES NO > 3. NAME OF DATE First Middle Last DECEASED HAROLD CURDMAN Cti (Type or print) DEATH Septo her 13 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. last birthday) | Months | Days NE ST Male WIDOWED [ DIVORCED .= 10a USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? and Baltimore, Maryland Imployee of Continental Can Co. physit in plea death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sherman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. Address (Yes, no. or unknwn) (If yes give war or dates of service) 212-03-2007 I'rs. Rosetta Sherman, Turlock. cremation, . ar land INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Museutte burial-t burial, DUE TO Conditions. If any, which gave rise to immediate 흡유 DUE TO cause (a), stating the underlying cause last. 88 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES T NO TH the hospital 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. - Not While ATTENDING at work at work 9-18 19 6 / that (I) (we) last 1967 Tato. 21. I certify that (I) (this hospital) attended the deceased from 19.67 and that death occurred a 2.45 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SICNATURE page filed ATTENDING M.D. DIRECTOR PHYS. Fage 4 may 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, should be NAME (Type) RICHARD BHODENV CITY OFFICE BLOG CAMBRIDGE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9 Hear Hurlock, aruland Loshington Cametery wria SEP 20 1987 REGISTRARY SICNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) Maryland DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Residence before admission) e. COUNTY b. COUNTY Dorchester a. STATE Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge Life Cambridge Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 403 Bayly Avenue 들 NO X executed within 3. NAME OF Middle Last Month DATE Day Year 3 DECEASED MARIE ELZEY ve cart event, SLACUM (Type or print) DEATH Sept. I 19 67 5. SEX AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 8. DATE OF BIRTH rempive 7. MARRIED NEVER MARRIED last birthday) | Months | Days July 28, 1920 Female White WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester Co., Maryland USA Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Elzey Rosie Grey d by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mr. Wyatt Slacum, Cambridge, Maryland unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a attending physician. been signed the burial-transfer or to burial, cre DUE TO Cenditions, if any, which (b) has been e as the b gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? NO PHYSICIAN: this cerum detached for 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) A.m. Not While ATTENDING at work retained DIRECTOR: A age 3 should lied with the \$ D 9-5 67 to 9-7 19 67, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 19 saw the deceased alive on 9-7 - 4 19.67 and that death occurred at 1/ 55PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page filed 9-8-67 DIRECTOR PHYS. M.D. HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS TO FUNERAL should be NAME (Type) RICHARD BILODEAU CAMBRIDGE, BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Sept 10, 1967 Dorchester Memorial Park Cambridge, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65



					RDS, 301 W. PRESI					1000	phy.	
		12378			CERTIFICAT					1238		
	0	COUNTY	ייי פ		MARYLAND	2 US	UAL RESIDENCE (V STATE	Vhere deced	sed lived, if institution b. COUN	n Residence befo	re odmission)	
	b	CITY OR TOWN (If outside corpora write RURAL and give nearest town	te limits, vn)	C	LENGTH OF STAY IN 16	c cur	· ·	tside corpor	ote limits, write RUR	AL and give neare	est town)	
1	d	. NAME OF HOSPITAL OR INSTITUTIO	N (If not in hospit	ol. aive s		d STI	REET ADDRESS				e IS RES DE	
1		CABILITY MOVE					8.10	PARK	LANG	1	ON A FARA	
1	3. N	IAME OF	First	4 4,4 4 4	Middle		Lost	4 DATE	Month	Do		
	D	FCEASED Type or print)  AT.	ICE JAC	KSON	STERLING	SPI	ITR.	OF DEATH	ODP"	9.	19 57	
1	5 SI	EX 6. COLOR OR RA		-	NEVER MARRIED		OF BIRTH		9 AGE (In years	IF UNDER I YEAR	IF UNDER 2	
	]	FIME MYDO	WIDOW CIC	ED 🔲	DIVORCED	"ART"	19, 191	5	lost birthdoy)	Months Doys	Hours	
	10o I	USUAL OCCUPATION (G ve kind of wor ig most of working life, even if retired	k done 10b		P BUSINESS OR	II BI	RTHPLACE (County	& State, or fo	oreign country)	12. CITIZEN C	F WHAT	
		uring most of working life, even if retired)  IABORUR  INDUSTRY					DORCHESTER CO. MD.				USA	
	13.	3. FATHER'S NAME					14 MOTHER'S MAIDEN NAME					
		VILLIAM JACKSON					ATNIE EITIELS					
		WAS DECEASED EVER IN U.S. ARMED FI , no, or unknown) {If yes give wor or	dotes of service)			INFORM			Addres			
J	_	NO										
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY:									TERVA. BETW NSET AND DEA	
		MMEDIATE CAUSE (6) ATT COS CITIES OBSTRUCTION										
		Conditions, if ony, which gove ) DUE TO  Conditions, if ony, which gove ) Pancreatitis										
		rise to immediate cause (a), (	(b) P		LOGOLOLD							
1		stating the underlying couse lost.	(c)									
1	_ f	PART II, OTHER SIGNIFICANT CONDIT		IG TO DE	ATH BUT NOT RELATED TO	THE TERM	AINAL DISEASE CON	DITION GIV	EN IN PART 1(o)	19	WAS AUTOP PERFORMED	
	ATIO										YES NO	
	CERT F CATION	200 ACCIDENT WAS UNDERLYING	20ь	DESCRIE	BE HOW INJURY OCCURREC	. (Enter no	oture of injury in I	ort 1 or Po	rt II of item 1B)			
		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	R)									
	MEDICAL	20c TIME OF INJURY Month, Doy, Hour o.m.		l INJUR)	OCCURRED 20e P	LACE OF IN	JURY (Home, form	, 20f	(City or town)	(County)	(Sto	
	₹ [	p m.	19 of 1	work 🗀	ot work							
		21. I certify that (I) (this hospital), attended the deceased from August 30, 1967, to Sopt. 9, 19 67that (I) (we)										
	1	saw the deceased live an Sept										
	-	AA C DIVITURE			-	ATT	ENDING	MED.	STAFF	Sept.	10.	
	-	220 SIGNATURE	1001	1		1.0				4	- 7	
	-	12	al Ju	1	4	AD PHY		DIRECTOR	PHYS L	4		
	-	22c, PHYSICIAN'S	in France	it,	147.	AD PHY	d ADDRESS	h Su		75 12 34 14	rt.	
	230	22c. PHYSICIAN'S NAME (Type) J. Ed.			147.	A D PHY	ADDRESS 573 ILL	h St	o de Co		TT (sto	
	230.	22c. PHYSICIAN'S NAME (Type) J Ed-	in France		25 D	A D PHY	ADDRESS 573 ILL	h St			) (Sto	
		22c. PHYSICIAN'S NAME (Type) J T3-			147.	A D PHY	ADDRESS 573 Hi	h St	DCATION (City or Yow		. M)	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12388 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH funeral 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY OUEEN ANNE 's DORCHESTER MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16. c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) papers. Pag jin 72 naurs o write RURAL and give nearest town)
RURAL CAMBRIDGE CHURCH HILL in by 8 MONTHS e & RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS ON A FARM? filled EASTERN SHORE STATE HOSPITAL NO TA YES NAME OF Middle First Lost 4. DATE campletely nove carban Year DECEASED HURKEY STARKEY SEPT. 14 (Type or print) DEATH 19 67 event IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED fost birthdoy) Months Davs Hours 6/17/80 WIDOWED TX DIVORCED MALE WHITE physician and 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired INDUSTRY COUNTRY? Mp. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remava GEORGE THOMAS STARKEY MARTHA WALLS STARKEY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) [If yes give wor or dates of service] 6 218-20-9016A HOSPITAL RECORDS 18 CAUSE OF DEATH (Enter only one couse per tine (op (g), (b), and (c)) INTERVAL BETWEEK PART I DEATH WAS CAUSED BY: aleukemic leukemia cale IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove to (b) rise to immediate couse (a). DUE TO stoting the underlying couse ar attending certificate has been 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO OR ATTENDING PHYSICIAN: be retained by the haspital 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) TIME OF INSURY Month, Dov. Year (County) (Stote) Hour o.m. factory, street, office blda, etc.) Not While After ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 1967, that (1) (we) last 19 67, and that death accurred at & A.M. fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 220 SIGNATURE 226. DATE S GNED 9/14/67 M.D. filed PHYS DIRECTOR director, page 22d. ADDRESS E.S.S.HOSPITAL, CAMBRIDGE, MD. 22c. PHYSICIAN'S TO HOSPITAL BARRUSO 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) HURCH 25o. REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67

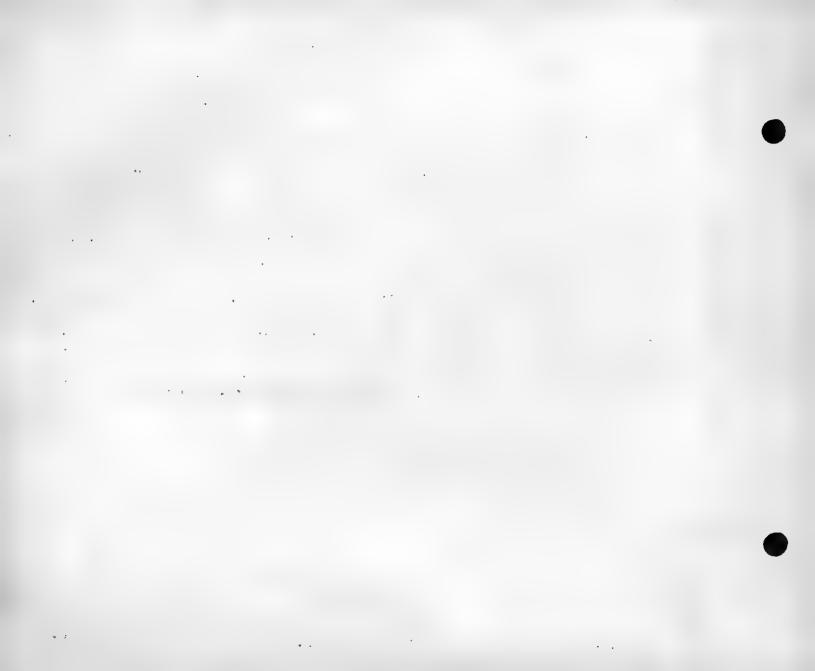
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 12350 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) a. COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corparate limits, r TENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate timits, write RURAL and a ve nearest town) write RURAL and give nearest town) CAPTURE XG. TTTT within 72 had e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? filled CARTITUD MARIT DO MORPHIAL. THIS. NO X YES NAME OF 4. DATE Doy Year campletely DECEASED 19 57 (Type or print) DEATH генто Уе сас even IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (in years JE UNDER I YEAR 7. MARRIED NEVER MARRIED last birthday) Manths Hours and in any WIDOWED DIVORCED and 10a USUA, OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) COUNTRY? DO CO. IS JER CO. . M.). 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. B FW. Tarette out Comean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) [(If yes give war or dates of service A DI . CL WH bursal, cremation, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary heart disease IMMEDIATE CAUSE (a) DUE TO 1 day Conditions, if any, which gave rise ta immediate cause (a), **DUE TO** stoting the underlying couse Page 4 may be retained by the naspital or attending lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO FZ weeks) 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) WEDI Hour am factory, street, ollice bldg, etc.) TO FUNERAL DIRECTOR: 22a, SIGNATURE 22b DATE SIGNED **ATTENDING** MED DIRECTOR director, page 3 M.D. PHYS 22c PHYSICIAN'S 22d **ADDRESS** NAME (Type) Fornath, Il. D. 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) 25a. REC D BY REG STRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 25M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- IN-	CERTIFICATE OF DEATH
₹	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)  o. COUNTY  a. STATE  b. COUNTY  Done house to real management of the county of
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  MARYLAND  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge
should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any every within a hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
7	Cambridge-Maryland Hospital   School & Somerset Streets   VES   NO
1	NAME OF First Middle Last 4. DATE Month Day Year OF OF OF OF OF DEATHSeptember 1, 1967
- 1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 14-ARS. last birthday) Months Days Hours Min.
1	Oa USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR LUTION (WAS STATE, OF FOREIGN COUNTRY) 12. CITIZEN OF WHAT COUNTRY?
	Housewife - Maryland U.S.A.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	James Bonneville Florence Collins
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yos, no, or unknown) (If yes give war or dates of service) NO 220-44-2622 Mrs Thomas A. Smith, Pocomoke, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  203. ACCIDENT WAS UNDERLYING FINAL COLUMN COL
	ATTENDING DIRECTOR DIRECTOR PHYS. C. ADDRESS    22c. / PHYSICIAN'S NAME (Type)   22d. ADDRESS   22d. ADDRESS   22d. ADDRESS   22d. ADDRESS   22d. EDGATION (City, town or county) (State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #1d Film #4393 10/2/57 ph 12391 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY COUNT ORCHESTER. MARYLAND b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If butside corporate irmits write RURAL and give nearest town) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ≘ d STREET ADDRESS e IS RESIDENCE ON A FARM? completely filled Commerce & Mulberry YES X NO h,n company Middle NAME OF First DATE Lost Month Doy Year DECEASED OF DEATH CPT ES 7 (Type or print) 196 S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys Hours ond in any WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? physicion ( nen pleose INZNISTRY TON FT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no, ac unknown) [(If yes give, war or dotes of service) HURLOCI cremation, IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN NSET AND DEATH burnol-tronsit lobar Prieumonia, IMMEDIATE CAUSE (o) by the hospital or attending physician. 70 % DUE TO signed l buriol, eachexia Conditions, if any, which gave rise to immediate couse (a), DUE TO hos been stoting the underlying couse be detached for use os the State Dept. of Health prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 10 FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. factory, street, office bidg, etc.) Not While of work of work saw the deceased alive an September 25 19 61, and that death accurred at 230 o Signature , to Schlanby 25, 1967, that (1) (we) last be retoined PM, fram causes and an the date stated above 22b DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS director, page should be filled 22d ADDRESS 22c PHYSICIAN'S ARLOS F. Barroso NAME (Type) Hurlack 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 28 6 HNS 0 WIFLL 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	12383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	)
HEALTH DERT.	1. PLACE OF DEATH  9. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before a. STATE  4. COUNTY  1. PLACE OF DEATH  9. COUNTY  1. COUNTY	admission)
letay 6. necessary, and 3 to the funeral Page 5 may be care the following steer death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural-Hurlock  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give field and give field address)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give field address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS ROW (if outside corporate limits, write RURAL and give field address)	ESIDENCE A FARM?
PN's and	DECEASED (Type or print)  Tsadore  Whitaker  DEATH  9 17 1  5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MAKRIED  102. USUAL OCCUPATION (Give kind of work done)  103. USUAL OCCUPATION (Give kind of work done)  NEVER MAKRIED  104/29/25  105. KIND OF BUSINESS OR  11. FIRTHPLACE (Stete or foreign country)  12. CITIZEN OF WHICH COUNTRY  13. CITIZEN OF WHICH COUNTRY  14. COUNTRY  15. SEX  16. COLOR OR RACE  17. MARRIED  NOTE:  Note	9 67 DER 24 HRS. rs Min.
within 24 hours afte pencil in Item 18. Gi liner's Office along permit. File pages 1 removal, and in any (	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, go unhown) (If yet give war or dates of service)  354-84-5398  Address  Rallee	
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a director. Page 4 should be finwarded to the Chief Medical Examiner's Office along with form retained for your files.  O FUNERAL DIRECTOR: Page 3 shmuld me med as me burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within	PERF	D DEATH  TT:  AUTOPSY ORMED?
	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Shot in head with 22 calibre rifle.  Shot in head with 22 calibre rifle.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Hour a.m. 3:30P p.m. 9/17 1967 at work at work with 22 calibre rifle.  21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in medical resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	(State)
VR A15ME 3500 4-64	FUNDRAL DIRECTOR  24. FUNDRAL DIRECTOR  ADDRESS  ADDRESS  DATE SEP 2 1 1967  FUNDRAL DIRECTOR  ADDRESS  DATE SEP 2 1 1967	<u>L</u>



1		MAR' DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	PARTMENT OF HEALTH ;, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
the Inneral gest and 2 afterdeath.	1_	12354	CERTIFICATI	E OF DEATH	12393
the imeral	1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institu	tion: Residence before admission)
		Dorchester	MARYLAND	a. STATE Maryland b. COUNTY	Dorchester
the section of		<ul> <li>CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	
hour		Cambridge	Lifetime	Cambridge	091
,		d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
eyent, within 72	1_	Cambridge-Md. Ho	spital	905 Talisman La	
Ž.	3.	NAME OF First DECEASED	Middle	Last 4, DATE Month	Day Year
_/	<u> </u>	(Type or print) Wrightson		Willey DEATH Sept.	8 19 67
	15.		WW LIPPER DISHULFED	B. DATE OF BIRTH  9. AGE (In years IF)  Aug. 8.1901  66 last birthday)  MC	UNDER 1 YEAR IF UNDER 24 HRS. onths   Days   Hours   Min.
		Male   White   WIDOWED		Aug . C , Town	
	du	ing most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME	rocery	Lakesville, Dorcheste	r U.S.
	1				
	1-	Charles Willey	SOCIAL SECURITY NO. 1 17.	Isabella Dixon	
	Ŕ	25. DO. or Unkown) ((If yes Dive waz or dates of service))			nn Tour
	-			rs. Willey 905 Talisma	an Lane
E	П	18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).	0.0 +	ONSET AND DEATH
should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	many	Difference	1-min
	1	Conditions if any which }	to de	00	
		gave rise to immediate	- Curry-	CELE	
		cause (a), stating the DUE TO underlying cause last. (c)			
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT1(a) 19. WAS AUTOPSY PERFORMED?
-	CERTIFICATION				YES NO
	E	20a. ACCIDENT WAS UNDERLYING   20b. I OR CONTRIBUTING   CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of it	em 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	E G	Hour a.m. While p.m. 19 at worl	Not While at work	iji sti sati, otnovalugi, savij	_
	-	21. I certify that (I) (this hospital) attend		July , 19 67 to 9 - 8	19 6 7, that (1) (we) last
		saw the deceased alive on 0-7	/ "	death occurred at 7,2 M, from the causes an	d on the date stated above.
Ē		22a STUNMTURE		ATTENDING MED. STAFF	2b. DATE SIGNED
	П	- dom	M.D	DIRECTOR PHYS.	
	7	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	/   =	BURIAL CREMATION. 23b. DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town	or county) (State)
1	23	BURIAL CREMATION, 236. DATE THEREOF SEMOVAL (Specify) Burial Sept. 10 16	1		
d	2		7 Dorchester	Mem. Park   Cambridge M	
		house the	Cambridge	Md. DATESEP 1 3 1967 FCC	corles Judges
1	1	The state of the s	2011 27 2 200	DAIDUL & O 100	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 72394 and 2 funeral death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY b. COUNTY by the function by the functin by the function by the function by the function by the function Dorchester Maryland Dorchester hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 6 hr. 5 minutes Cambridge filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Aurora Street Cambridge-Maryland Hospital, Inc. YES T NO X 7 within completely Last DATE Month Day First DECEASED 16 19 67 Wilson. DEATH Sentember (Type or print) executed oit. Then please remove or removal, and in any ever 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED A last birthday) Months Days Hours Min. 9/16/67 Female Negro WIDOWED DIVORCED [ 5 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please if to burial, cremation, or removal, and in COUNTRY? U.S.A. Dorchester Mary land certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Preston Thomas Anderson Mae Thomas Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes. no. or unkown) (If yes nive war or dates of service) Mae Thomas Wilson 527 Washington Street 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last has (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) this certificate he detached for use te Dept, of Health for use Health PERFORMED? ND C YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) be de State I DIRECTOR: After tage 3 should be defiled with the State Hour a.m. Not While be retained by at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from September 16 19 67, to September 169 67, that (I) (we) last saw the deceased alive on September 18 to 677 and that death occurred at 5P M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. FUNERAL I 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) High Street, Cambridge, Maryland Edwin Fassett 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, ambridge-Maryland Hospital Cambridge, Maryland REMOVAL (Specify) 2 Cremation FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) DATE 15M 4-64

